2026 -- H 8180

========
LC005248
========

S T A T E O F R H O D E I S L A N D

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2026

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES

Introduced By: Representatives Casimiro, Tanzi, Donovan, Spears, Potter, Alzate, Stewart, McGaw, and Shallcross Smith
Date Introduced: February 27, 2026

Referred To: House Finance

It is enacted by the General Assembly as follows:

SECTION 1. Legislative Findings and Purpose.

(a) The General Assembly finds that:

(1) Children and youth experiencing behavioral health crises require timely, community-based interventions to prevent unnecessary emergency department utilization, inpatient hospitalization, out-of-home placement, and involvement with law enforcement;

(2) Children's Mobile Response and Stabilization Services (MRSS) are a Substance Abuse and Mental Health Services Administration (SAMHSA) best practice, trauma-informed intervention that provides rapid crisis response and short-term stabilization for children and youth in their natural environments;

(3) A statewide Children's MRSS system funded through a braided combination of commercial insurance, Medicaid and state general revenue promotes equitable access to services regardless of insurance status;

(4) Rhode Island has an interest in ensuring continuity of care, fiscal sustainability, and the participation of experienced community-based providers in delivering children's behavioral health crisis services.

(b) The purpose of this act is to establish Children's Mobile Response and Stabilization Services as a standalone statewide behavioral health service in Rhode Island, funded through a coordinated Medicaid and state funding model, and administered in a manner that ensures access

for all children and youth.

SECTION 2. Title 42 of the General Laws entitled "STATE AFFAIRS AND GOVERNMENT" is hereby amended by adding thereto the following chapter:

CHAPTER 72.13

CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES

42-72.13-1. Definitions.

As used in this chapter:

(1) "Braided funding" means the coordinated use of Medicaid funds, commercial insurance and state general revenue to finance services through a unified payment structure.

(2) "Department" means the department of children, youth and families (DCYF).

(3) "Designated MRSS provider" means a community-based provider certified or contracted by the department to deliver MRSS.

(4) "Medicaid agency" means the Medicaid program administered within the executive office of health and human services (EOHHS).

(5) "Mobile response and stabilization services" or "MRSS" means community-based behavioral health crisis services for children and youth under the age of twenty-one (21), including:

(i) Rapid mobile crisis response;

(ii) Crisis assessment and de-escalation;

(iii) Short-term stabilization and follow-up services; and

(iv) Care coordination with families, schools, healthcare providers, and community-based organizations.

(6) "Natural environment" means homes, schools, childcare settings, and other community locations in which children and youth typically live, learn, or receive care.

42-72.13-2. Establishment of a statewide MRSS program.

(a) The department, in coordination with the Medicaid agency, shall establish and administer a statewide mobile response and stabilization services program, and shall ensure alignment with the Children's Behavioral Health Consent Decree that was ordered in United States v. State of Rhode Island, C.A. No. 24-cv-00531.

(b) The department shall establish standards for MRSS service fidelity.

(c) MRSS shall be available statewide, twenty-four (24) hours per day, seven (7) days per week, to all children and youth regardless of insurance status or Medicaid eligibility.

(d) No prior authorization, referral, or clinical intake determination shall be required for initiation of MRSS.

(e) Services pursuant to this chapter shall be delivered in the child's natural environment whenever clinically appropriate.

42-72.13-3. Service delivery standards.

(a) Response time. Designated MRSS providers shall provide in-person mobile response within sixty (60) minutes of initial contact, unless clinically contraindicated.

(b) Service components. MRSS shall include, at a minimum:

(1) Crisis assessment and de-escalation;

(2) Family engagement and support;

(3) Short-term stabilization services of sufficient duration to support safe resolution of the crisis; and

(4) Transition planning and linkage to ongoing behavioral health, educational, and community supports.

(c) Designated provider MRSS teams shall consist of a minimum of two (2) staff, including at least one licensed behavioral health clinician qualified to conduct clinical assessments and one additional team member, which may include a peer support specialist, family partner, or other trained paraprofessional. Providers shall ensure access to clinical supervision and psychiatric consultation on a twenty-four (24) hour basis.

(d) Workforce composition. Designated MRSS provider teams shall include licensed clinicians and may include peer support specialists, family navigators, and other trained staff with demonstrated expertise in children's behavioral health.

(e) Cultural and linguistic competency. MRSS designated providers shall deliver services in a culturally and linguistically responsive manner and shall ensure accessibility for individuals with disabilities.

(f) Coordination with crisis lines. MRSS shall operate in coordination with, but remain clinically and operationally distinct from, the 988 Suicide and Crisis Lifeline (988) and other telephonic triage or referral lines, including Kids' Link RI. Referrals to designate MRSS providers shall originate from 988, Kids' Link RI, 911, schools, child welfare agencies, healthcare providers, law enforcement, families, or self-referral; provided, however, that designated MRSS providers shall retain clinical discretion regarding deployment, response modality, and timing. Nothing in this section shall be construed to require designated MRSS providers to operate or staff a call center, crisis hotline, or telephonic triage service.

(g) Coordination with certified community behavioral health clinics (CCBHC). Designated MRSS providers shall coordinate with CCBHCs and other behavioral health providers for purposes of referral, care transitions, information-sharing, and continuity of care when clinically appropriate

and with appropriate consent. Coordination shall not require MRSS to be operated by, embedded within, subcontracted to, or financially dependent upon a CCBHC, nor shall it limit the department's authority to certify or contract directly with community-based designated MRSS providers. MRSS shall remain a distinct mobile crisis response and stabilization service with independent clinical decision-making authority.

(h) Child and family competency requirement. MRSS shall be delivered by designated MRSS providers with demonstrated expertise in child and adolescent behavioral health and family systems. Designated MRSS providers shall ensure that licensed clinical staff assigned to MRSS possess training and experience specific to children, youth and families, including child development, trauma-informed care, family engagement, and coordination with child-serving systems. Providers that primarily serve adult populations shall not deliver MRSS unless they demonstrate child-specific capacity, staffing, and supervision as required by this chapter.

42-72.13-4. Funding and reimbursement.

(a) MRSS shall be funded through a braided funding model consisting of:

(1) Medicaid reimbursement for services provided to Medicaid-eligible children and youth and shall be actuarially sound and reflect the full cost of delivering twenty-four (24) hour MRSS service; and

(2) State general revenue appropriated to the department for services provided to children and youth who are not Medicaid-eligible.

(b) The department and the Medicaid agency shall ensure that providers receive a single, unified payment for MRSS services, without requiring separate billing streams based on insurance status.

(c) Families shall not be charged fees, co-payments, or cost sharing for MRSS.

(d) State funds appropriated pursuant to this section may be used to draw down available federal matching funds to the maximum extent permitted by law.

(e) In the event of state budget reductions, MRSS shall be classified as an essential child behavioral health service. No reduction in MRSS funding shall occur without a public impact analysis and thirty (30) day notice to the general assembly, with explanation of how statutory response time and coverage standards will be maintained.

(f) The department, in consultation with the state Medicaid agency, shall annually certify to the general assembly the total funding level necessary to maintain compliance with this chapter and the consent decree. The certification shall specify: the portion supported by Medicaid and the portion requiring state general revenue.

42-72.13-5. Medicaid coverage.

(a) The Medicaid agency shall designate MRSS as a covered Medicaid service for eligible children and youth under age twenty-one (21), including coverage pursuant to the early and periodic screening, diagnostic, and treatment (EPSDT) benefit.

(b) The Medicaid agency shall submit any necessary state plan amendments or waiver applications to the Centers for Medicare and Medicaid Services to implement this section.

(c) Managed care entities contracted with the Medicaid agency shall include MRSS in their covered service arrays and provider networks.

(d) MRSS shall not be subject to prior authorization, visit caps, geographic restrictions, or utilization management practices that delay or impede crisis response or stabilization services.

42-72.13-6. Provider designation and contracting.

(a) The department shall certify and contract with community-based designated MRSS providers to deliver MRSS.

(b) In designating MRSS providers, the department shall prioritize:

(1) MRSS providers with demonstrated experience in children's behavioral health crisis services;

(2) Existing community-based providers currently delivering mobile crisis or stabilization services; and

(3) Geographic coverage sufficient to ensure statewide access.

(c) Designated MRSS provider contracts shall establish reimbursement rates, performance standards, reporting requirements, and care coordination expectations.

42-72.13-7. Oversight and reporting.

(a) The department shall collect data on MRSS utilization, response times, outcomes, and cost avoidance.

(b) No later than January 1 of each year, the department shall submit a report to the governor and the general assembly detailing:

(1) Program utilization and geographic coverage;

(2) Funding sources and expenditures;

(3) Outcomes related to emergency department and inpatient diversion; and

(4) Recommendations for statutory or budgetary changes.

42-72.13-8. Rulemaking authority.

(a) The department shall promulgate rules and regulations necessary to implement this chapter. The rules and regulations shall establish a statewide MRSS mutual aid framework to ensure coverage during periods of high demand, workforce shortages, or regional capacity constraints.

(b) The department rules and regulations shall include the following:

(1) "Family-defined crisis" means a situation identified by a child or youth, their parent, caregiver, or another individual responsible for the welfare of the child or youth as causing emotional, behavioral, or relational distress that exceeds the family's ability to manage safely without support.

(2) "Screen-in standard" means an access standard under which all requests for MRSS are presumed eligible for response unless clinical judgment determines that the situation presents a level of imminent risk that requires emergency services beyond the scope of MRSS.

(3) "Stabilization services" means time-limited, post-crisis supports provided following the initial mobile response to assist the child or youth and their family in maintaining safety, strengthening coping strategies, and connecting to ongoing services and natural supports.

(4) "Crisis episode" means the period of care beginning with the initial request for MRSS and continuing through crisis response, stabilization, and transition or discharge.

(5) "Mutual aid" means a coordinated, temporary arrangement among designated MRSS providers to ensure statewide coverage during periods of high demand, workforce shortages, or localized capacity constraints.

(c) Designated MRSS providers shall participate in coordinated coverage protocols to prevent service gaps and ensure statewide response time requirements are met. Participation in mutual aid shall not be used to supplant existing designated MRSS providers or reallocate base funding.

42-72.13-9. Severability.

If any provision of this act is held invalid, such invalidity shall not affect other provisions of the act which can be given effect without the invalid provision.

SECTION 3. This act shall take effect upon passage.

========
LC005248
========

EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N A C T

RELATING TO STATE AFFAIRS AND GOVERNMENT -- CHILDREN'S MOBILE RESPONSE AND STABILIZATION SERVICES

***

This act would establish a statewide mobile response and stabilization services program to provide rapid crisis response and short-term stabilization for children and youth in their natural environments.

This act would take effect upon passage.

========
LC005248
========